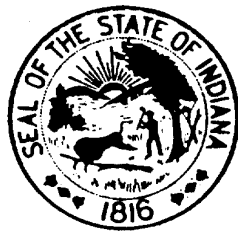

HOME INSPECTORS LICENSING BOARD

APPLICATION FOR APPROVAL TO PROVIDE CONTINUING EDUCATION TO HOME INSPECTORS



Return the completed application and supporting documentation to:

Indiana Professional Licensing Agency
Attn: Home Inspectors Licensing Board
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

**For more information on the Home Inspector Licensing Board, please
visit our website at www.in.gov/pla.**

GENERAL INFORMATION AND INSTRUCTIONS

- There is a five hundred dollar (\$500) application fee that must be submitted with this application.
- Organizations applying for approval must submit the application form provided by the Board at least *ninety (90) days* prior to the date of the organization's presentation of a program for Continuing Education credit.

The approval, if granted, shall remain in effect until October 1st of the next odd-numbered year. At that time, your organization will be required to complete a Continuing Education Renewal Application in order to have your approval extended for an additional two years.

Programs presented: (a) prior to the receipt of approval, or (b) after the withdrawal or termination of approval of the organization by the Board shall not count toward Continuing Education requirements.

AN APPROVED ORGANIZATION MUST MEET THE FOLLOWING CRITERIA IN PROVIDING CONTINUING EDUCATION PROGRAMS:

- All programs shall have a statement of objectives, which the provider's courses should achieve for its participants relating to and enhancing the licensees practice.
- The provider shall provide adequate administration, including a person to coordinate the programs and maintain proper records.
- Providers must provide adequate funding for all programs.
- All programs shall have qualified faculty members with demonstrated competence in the subject area.
- All programs shall be held in adequate facilities, and must be handicapped accessible.
- All programs may employ a variety of educational methods and teaching aids that enhance the learning opportunities.
- Appropriate methods of evaluation shall be devised and used to measure the effectiveness of all programs.
- The provider shall provide the participant a meaningful record of attendance stating the Continuing Education hours involved and whether the course involved subject matter under Category I or under Category II.
- The provider shall maintain attendance records for a minimum of *four(4) years* from the date of the programs. These records must include the date of the programs, the program titles, the presenter's name, the names of all participants, the number of continuing education hours granted to each participant, and whether the course involved subject matter under Category I or under Category II.
- The provider of the program is responsible for monitoring attendance in such a manner that verification of attendance throughout the entire program can be reliably assured.

Explanation of Category I and Category II Continuing Education

Category I continuing education is defined as continuing education that is formal programming, which includes instruction in one (1) of the following areas:

- (1) Heating systems.
- (2) Cooling systems.
- (3) Electrical systems.
- (4) Plumbing systems.
- (5) Structural components.
- (6) Foundations.
- (7) Roof coverings.
- (8) Exterior and interior components.

Category II continuing education is defined as continuing education that is formal programming, which includes instruction in:

- (1) any other site aspects that affect a residential dwelling; or
- (2) business operations, contract writing, ethics courses, report writing, legal liability instruction, or any other formal programming that is specifically directed toward the home inspection industry.

The application, when completed, will be reviewed by the Home Inspectors Licensing Board at their next scheduled meeting. If you need additional information, please feel free to contact the Board at (317) 234-3009 or by email at pla9@pla.in.gov.



Application for Approval to Provide Continuing Education to Home Inspectors

Home Inspectors Licensing Board
Indiana Professional Licensing Agency
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
www.in.gov/pla

FOR OFFICE USE ONLY

Fee Amount:	Reviewed By:
	Date Registration Issued:
Receipt Number:	Registration Number Issued:

APPLICANT INFORMATION

Name of Organization:		Daytime Telephone Number: ()	
Street Address:	City:	State:	Zip Code:
Contact Person:	Email Address:		

TYPE(S) OF CONTINUING EDUCATION PROGRAMS TO BE PRESENTED:

<input type="checkbox"/> Formally Organized Courses	<input type="checkbox"/> Symposia	<input type="checkbox"/> Workshops
<input type="checkbox"/> Institutes	<input type="checkbox"/> Seminars	<input type="checkbox"/> Other

SUBMIT THE FOLLOWING INFORMATION WITH YOUR APPLICATION:

Note: The questions below generally assume that this application is from an organization. If you are an individual seeking approval to provide Continuing Education, please answer the following questions as if you are the "organization" to which any question refers. If additional space is needed, please attach a separate sheet of paper.

1.) Statement of Objectives: Each Continuing Education (CE) presentation should have two or more learning objectives and these should be made known to potential attendees in your presentation announcement. How is your organization going to meet this requirement?

2.) Learning Objectives: Do you have learning objectives for your overall educational program? YES___ NO___
If your answer is "yes", what are they?

3.) Responsible Person for Education: Who within your organization will be developing and implementing your educational program? What are the credentials of this person/these people?

4.) Maintenance of Records: We require that you keep records of the presentations your organization makes and of the attendees for a minimum of four (4) years. How do you propose to accomplish this?

5.) Adequate funding: How will your educational programs be financed?

6.) Curriculum: It is required that each presentation explore one subject or a closely related group of subjects in sufficient depth to be meaningful to professional attendees. What topic(s) does your organization propose to teach within its CE program(s) and/or how will they be selected?

7.) Previous Programs: Have you already presented a seminar/workshop/training on this topic(s)? If so, where and when?

8.) Faculty: How does your organization plan to select and credential CE presenters?

9.) Facilities: It is required that CE be given in an environment conducive to adult learning. Where do you anticipate that your organization's CE will be presented and what will the presentation rooms be like?

10.) Educational Methods and Aids: Do you anticipate that your organization's educational presentations will be lectures, seminars, demonstrations, or something else entirely? Will there be audio-visual aids? Will a syllabus be available to attendees?

11.) Program Evaluation: It is required that some sort of tool is available to program attendees, in which they can measure the quality and effectiveness of the CE program(s). How will your organization ensure program evaluation is adequate? If you have already created an evaluation form, please attach that form to this application.

12.) First CE Program Planned: It is required that applications be submitted at least ninety (90) days prior to your first CE offering under our accreditation. What is the date of your first planned CE event with accreditation from this Board?

13.) Attendance record: It is required that program attendees are given some tangible record of their attendance at your CE program (i.e. certificate, letter, etc.). How will you provide this?

PLEASE ATTACH THE FOLLOWING INFORMATION WITH YOUR APPLICATION:

1.) Mission Statement: Such statement should be related to Continuing Education for Home Inspectors to this application. Evidence that the leadership of your organization has reviewed and approved of this statement, in the form of appropriate signature(s) and date(s), is required. If you are applying to present CE as an individual, please write your own such statement. Such a statement should be in the format of a brief paragraph or two covering the organization and its educational goal(s), the target audience(s), the anticipated number of presentations per year, and if possible, the expected educational outcome(s).

2.) Table of Organization: The table should highlight the relationship of CE coordinator(s) or provider(s) to your organization's leadership. Again, if you are an individual applying to present CE, simply state this on the form.

APPLICATION AFFIRMATION

I hereby swear and affirm, under the penalties of perjury that the statements made on this application are true, complete and correct.

Signature of Applicant:

Date Signed:

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and direct any person, firm, officer, corporation, association, organization, or institution to release to the Indiana Professional Licensing Agency, or the Home Inspectors Licensing Board, any files, documents, records, or other information pertaining to the named individual or organization requested by the Agency or the Board or any of their authorized representatives, in connection with processing this application for approval of an organization to provide Continuing Education courses.

I hereby release the aforementioned persons, firms, corporations, associations, organizations, and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Indiana Professional Licensing Agency, or the Home Inspectors Licensing Board to disclose to the aforementioned organizations, persons, and institutions, any information, which is material to this application, and I hereby specifically release the Agency, and the Board, from any and all liability in connection with such disclosures.

I also agree to periodic state monitoring of our programs at the discretion of the Home Inspectors Licensing Board.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear and affirm that I have read the above statements and agree to the same.

Signature:

Date Signed:

NOTARY CERTIFICATE

STATE OF _____ }
COUNTY OF _____ } SS:

I, _____, being duly sworn on oath say that I am the above named, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Printed or Typed Name of Applicant

Printed or Typed Name of Notary Public

Signature of Applicant

Signature of Notary Public

Date Subscribed and Sworn To (Notary Public)

County of Residence

Date Commission Expires